

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4	1					
5		2				
6		2				
7		2				
8		10				
9		10				
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TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	IND	DEP	IND	DEP	IND	DEP
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